PART B - FEE(S) TRANSMITTAL

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appropriate. All further indicated unless correct maintenance fee notifica	ed below or directed of titions.	nerwise in Block 1, by (a) specifying a new corres	pondence address;	and/or	(b) indicating a sepa	correspondence addres urate "FEE ADDRESS"	s as for
293 7590 06/30/2009 DOWELL & DOWELL P.C. 103 Oronoco St. Suite 220 Alexandria, VA 22314				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. (Depositor's name)				
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR		ATTOR	NEY DOCKET NO.	CONFIRMATION NO.	Date)	
10/578,142	05/03/2006		Jack Brass		ATTOK	15412NP	8851	
REFRIGERATION SYS	TEMS		CARRYING PRESSURIZE			M AIR CONDITION	NING OR	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$755	\$300	\$0		\$1055	09/30/2009	
EXAMINER		ART UNIT	CLASS-SUBCLASS 19/0		2009 9	SZEWDIE2 0000007	1 10578142	
BOCHNA, DAVID		3679	285-273000 01 FC:2				755.00 OP	
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, hist 504 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
			THE PATENT (print or typ	•				_
PLEASE NOTE: Un recordation as set fort	less an assignee is ident h in 37 CFR 3.11. Comp	ified below, no assignee pletion of this form is NO	data will appear on the pa T a substitute for filing an	atent. If an assign assignment.	ee is ide	entified below, the d	ocument has been filed	for
(A) NAME OF ASSI			(B) RESIDENCE: (CITY					
BRASSCO	RP LIMITED		North Yo	rk, Cana	da			
Please check the appropr	iate assignee category or	categories (will not be pa	rinted on the patent):	Individual Co	rporatio	n or other private gro	oup entity 🚨 Governm	nent
Advance Order -	No small entity discount p	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 04-1577 (enclose an extra copy of this form).						
	(irom samus muicate)		_					

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United Sizes Patent and Trademark Office.

myrn Authorized Signature

Date September 30, 2009

55**,**177 Registration No. _

Typed or printed name Alyssa Ann Finamore

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